

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 — 2 8

2. STATE:

Missouri

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

August 28, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 431 Subpart M

7. FEDERAL BUDGET IMPACT:

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_

b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.16-205

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

New Material

10. SUBJECT OF AMENDMENT: Cooperative Agreement between the Missouri Department of Social Services Divisions of Family Services and Medical Services and the Missouri Department of Health and Senior Services Division of Health Standards and Licensure relating to Survey and Certification of Licensed Skilled Nursing Facilities (SNFs), Intermediate Care Facilities (ICFs), and Intermediate Care Facilities for the Mentally Retarded (ICF/MR) Participating

11. GOVERNOR'S REVIEW (Check One): in the Medicaid Program.

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *lee*

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*[Signature]*

13. TYPED NAME:

Dana Katherine Martin

14. TITLE:

Director

15. DATE SUBMITTED:

September 26, 2001

16. RETURN TO:

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

09/28/01

18. DATE APPROVED:

OCT 24 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

08/28/01

20. SIGNATURE OF REGIONAL OFFICIAL:

*[Signature]*

21. TYPED NAME:

Nanette Foster Reilly

22. TITLE:

Acting ARA for Medicaid & State Operations

23. REMARKS:

cc:  
Martin  
Vadner  
Waite  
CO

SPA CONTROL

Date Submitted: 09/27/01

Date Received: 09/28/01

**COOPERATIVE AGREEMENT**  
**between the**  
**MISSOURI DEPARTMENT OF SOCIAL SERVICES**  
**DIVISIONS OF FAMILY SERVICES and MEDICAL SERVICES**  
**and the**  
**MISSOURI DEPARTMENT OF HEALTH and SENIOR SERVICES**  
**DIVISION OF HEALTH STANDARDS AND LICENSURE**  
**relating to**  
**SURVEY AND CERTIFICATION OF LICENSED SKILLED NURSING FACILITIES (SNFs),**  
**INTERMEDIATE CARE FACILITIES (ICFs), AND INTERMEDIATE CARE FACILITIES FOR**  
**THE MENTALLY RETARDED (ICF/MRs) PARTICIPATING IN THE MEDICAID PROGRAM**

This cooperative agreement is between the Missouri Department of Social Services (DSS) and the Missouri Department of Health and Senior Services (DHSS). DSS is the single state agency responsible for administration of the Title XIX (Medicaid) program in Missouri, the Division of Medical Services (DMS) is the division within DSS which directly manages the operation of the Medicaid program and the Division of Family Services (DFS) is the Division within DSS that determines eligibility for Medicaid participation. DSS recognizes the unique experience of DHSS staff to perform the survey and certification function. This is the staff that was formerly the Department of Social Services' Division of Aging (DA). DHSS will provide staff to perform the direct administrative functions required for the implementation and administration of Medicaid survey and certification functions.

DA is moving to the Department of Health (DOH), as a result of an Executive Order signed January 5 by then-Governor Roger Wilson and subsequent legislation passed by the Missouri General Assembly, effective August 28, 2001. The legislation also officially changes the name of the Department of Health to the Missouri Department of Health and Senior Services and moves all the authority and duties of DA to the newly named department.

I      **PURPOSE**

This agreement is entered into for the purpose of efficiently and effectively carrying out the implementation and administration of Medicaid survey and certification functions.

State Plan TN# 01-28  
Supersedes TN# New Material

Effective Date August 28, 2001  
Approval Date 01.17.01

## II DEFINITIONS

For the purpose of this agreement, the parties agree that the following definitions shall apply:

- A. Department of Social Services (DSS): the designated single state agency for the administration of the Medicaid program in Missouri.
- B. Department of Health and Senior Services (DHSS): The Missouri state agency designated to administer programs of public health and aging issues.
- C. Division of Medical Services (DMS): The division within the DSS which administers the Medicaid program operations in Missouri.
- D. Division of Family Services (DFS): The division within the DSS with responsibility for determining Title XIX (Medicaid) eligibility.
- E. Federal Financial Participation (FFP): Matching funds provided by the federal government pursuant to federal law and regulation to fund services authorized under an approved state plan.
- F. Title XIX (Medicaid): A needs-based health care benefit program provided under the Social Security Act that is jointly funded by state and federal governments. Medicaid is administered by the DSS, DMS.
- G. Indirect Rate: The rate(s) approved by the federal Department of Health and Human Services, Division of Cost Allocation.
- H. Skilled Professional Medical Personnel (SPMP): Personnel as defined in 42 Code of Federal Regulations 432.2, as amended.
- I. Directly Supporting Staff: Staff as defined in 42 Code of Federal Regulations 432.2, as amended.
- J. Sanctions: Consequences of failing to comply with the conditions of provider participation in the Medicaid Program, as described in 13 Code of State Regulations 70-3.030 - Sanctions for False or Fraudulent Claims for Title XIX (Medicaid) Services, as amended.

State Plan TN# 01-28  
Supersedes TN# New Material

Effective Date August 28, 2001  
Approval Date OCT 24 2001

### III DUTIES

The Department of Health and Senior Services/Division of Health Standards and Licensure agrees to:

- A. Provide the staffing necessary for fulfillment of the primary terms and conditions of this agreement. DHSS must maintain direct employment of those staff necessary to provide the programmatic and operational oversight, management, and monitoring activities associated with the Medicaid survey and certification process.
- B. Conduct surveys, revisits and complaint investigations in licensed SNF and ICF facilities participating as NF's in the Medicaid program.
- C. Conduct surveys, revisits and complaint investigations in ICF/MR facilities participating in the Medicaid program.
- D. Certify facilities participating as NF's and ICF/MR's in the Medicaid Program. This includes completion of Certification Transmittal (C&T) forms. Provide DMS Provider Enrollment Unit with signed C&T forms and other documents as necessary, confirming a NF or ICF/MR facility has been certified.
- E. Recommend enforcement actions against NF and ICF/MR facilities found out of compliance including denial of payment for new Medicaid admissions and termination from the Medicaid program.
- F. Provide DMS with change sheets, bed listing forms, and license certification fee information.
- G. Make central file information available to DMS upon request.
- H. Process Medicaid bed changes and forward appropriate documentation to DMS including bed listing and C&T forms.
- I. Participate in quarterly Preadmission Screening and Annual Resident Review (PASARR) meetings with DMS, Department of Mental Health and DFS.
- J. Provide information to the Division of Legal Services and participate in hearings related to contested PASARR determinations.

State Plan TN# 01-28  
Supersedes TN# New Material

Effective Date August 28, 2001  
Approval Date 08/28/2001

- K. Provide DMS Institutional Reimbursement Unit access to nurse aide registry data screens.
- L. Provide DFS with all reports and forms as may be necessary for determining Medicaid client eligibility for NF and ICF/MR services.
- M. Account for the activities of DHHS and contractual service coordination staff providing services under this agreement in accordance with the provisions of OMB Circular A87 and 45 CFR part 02, 74 and 95.
- N. Accept responsibility for disallowance of federal funds and incur the penalties of same resulting from the activities associated with this agreement, or the provisions related to the contractual activity of the contract staff, unless the disallowance or penalty is the result of the Division of Medical Services' failure to submit, in a proper format and/or in a timely manner, amendments to the Medicaid State Plan proposed by the DHSS required for the administration of the Personal Care and Waiver Programs. Timeliness will be measured based on the complexity of the issue(s) involved and whether the proposed state plan amendment can be processed without obtaining additional information from the DHSS.
- O. Maintain the confidentiality of client records and eligibility information received from DSS.

The Department of Social Services/Divisions of Family Services and Medical Services agree to:

- A. Provide DHSS with all reports and access to computer screens and databases as may be required to appropriately regulate, enroll, and certify long-term care facilities in the Medicaid program.
- B. Provide DHSS with signed C&T forms from the Provider Enrollment Unit confirming a NF or ICF/MR facility has been enrolled.
- C. Equally share with DHSS the printing cost for the DA-124.
- D. Provide DHSS with all reports and access to computer screens and databases as may be required to verify client eligibility for the Medicaid program.

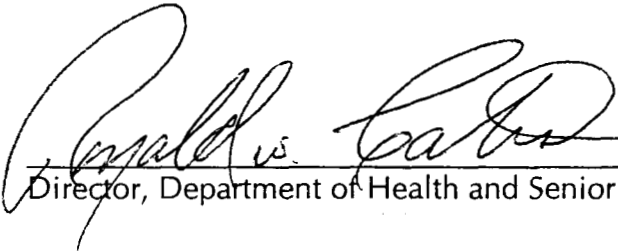
State Plan TN# 01-28  
Supersedes TN# New Material

Effective Date August 28, 2001  
Approval Date OCT 24 2001

- E. Draw down the Title XIX federal share of eligible administrative costs of DHSS to DHSS' federal fund. The rate of reimbursement for eligible administrative costs will be 50%. The rate of reimbursement for eligible costs qualifying under regulations applicable to SPMP and their supporting staff for compensation, travel and training will be 75%. Changes in federal regulations affecting the matching percentage, and/or the eligibility of costs for administrative or enhanced match, which become effective subsequent to the execution of this agreement, will be applied as provided in the regulations. DHSS staff who perform SPMP functions must have professional education and training in the field of medical care or appropriate medical practice, as specified in 42 CFR 432.50(d).
- F. Review reports of provider non-compliance submitted from DHSS and pursue any sanction or other action necessary and appropriate to remedy the noncompliance.
- G. Maintain the confidentiality of client records and all other client information obtained from DHSS.

#### IV TERMS OF THIS AGREEMENT

The effective date of this agreement is August 28, 2001. The agreement may be modified at any time by the written agreement of both parties and may be canceled by either party with thirty (30) days prior notice in writing to the other party, provided however, that reimbursement shall be made for the period when the contract is in full force and effective.

  
\_\_\_\_\_  
Director, Department of Health and Senior Services

09/06/01  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Director, Department of Social Services

Sept. 27  
\_\_\_\_\_  
Date

State Plan TN# 01-28  
Supersedes TN# New Material

Effective Date August 28, 2001  
Approval Date 09/06/01